

CONTENT AREA MAJOR EQUIVALENCY ENDORSEMENT MS COMPOSITE SCIENCE EDUCATION GRADES 5-8

SFN 53954 (05-17)

				Educator's Professional License Number						
Name (Last, First, MI)		Maider	Maiden Name				or			
				Soc	cial Secu	rity Num	ber (do	not u	se das	shes)
Address										
City		State	Zip Code (9-digit)							
Home Telephone Number	Work Telephone Nu	ımber	Date of Birth	Ema	Email Address					
High School Attended		High	n School City Attended	State						
Required:			Content		#			ontent eeded		#
Required: Minimum of 24 SH			Content Completed		# SH					# SH
Life Science 6 SH			Completed		0.1			<u> </u>		<u> </u>
Earth Science 6 SH										
Physics 4 SH										
Chemistry 3 SH										
Science Labs 2 SH										
Methods of Teaching Scie	nce 3 SH									
			Total SH				Total SH			
										1
Please sign belo	ow and attach all tra	nscripts	along with the \$7	′5.00 m	ajor eq	uivale	ncy r	evie	w fee).
Applicant:					Date					
ESPB Approval:		Date								

Submit completed form and fee to: Education Standards and Practices Board

2718 Gateway Ave. Suite 204 Bismarck, ND 58503-0585 (701) 328-9641 office (701) 328-9647 fax

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to North Dakota Century Code (NDCC) 43-50-02. The individual's social security number is used by the Education Standards and Practices Board (ESPB) as an identification number for file control purposes, background checks, and recordkeeping. Failure to provide a social security number may delay the processing. ESPB does not advocate, permit, nor practice discrimination on the basis of sex, race, color, national origin, religion, age or disability as required by various state and federal laws.



Payment/Credit Card Information

Type of Payment ☐ Visa	☐ MasterCard	□ Check		Amount \$						
Name as it appears	s on credit card									
Credit Card Numbe	<u> </u>		Expiration Date	3 digit CVV						
			m m y y							
Billing Address of credit card (if different than the mailing address)										
Address:										
City		State	_ Zip Code							

This documentation will be destroyed upon completion of processing.